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# OR Petition 4

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PETITION TO THE STATE HEALTH COORDINATING  
COUNCIL TO ADJUST THE 2008 STATE MEDICAL  
FACILITIES PLAN'S NEED DETERMINATION FOR ONE  
OPERATING ROOM FOR RANDOLPH COUNTY

**Petition**

Randolph Hospital, et al., hereby petitions the State Health Coordinating Council (SHCC) to adjust the 2008 State Medical Facilities Plan to allow for a special needs adjustment for one Operating Room in Randolph County.

**Date** August 1, 2007

**Identification of Petitioners**

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Surgical Associates of Asheboro  
Attn: Dr. David Gimenez and Dr. Richard Evans  
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Randolph Ear, Nose, and Throat Associates  
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Asheboro Urology Clinic  
Attn: Dr. Daljit Caberwal, Dr. Prithvi Hanspal, and Dr. Roberto Chao  
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Randolph Hospital, et al.  
Randolph County

DFS Health Planning  
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AUG 01 2007

Medical Facilities  
PLANNING SECTION



Central Carolina Women's Center  
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### **Reasons for the Proposed Adjustment**

The State Medical Facilities Plan allows for special needs petitions to be presented for consideration if a particular geographic area or institution has special or unique circumstances that give rise to resource requirements that differ from those provided by the standard methodology presented in the SMFP. Randolph County has encountered a unique circumstance that requires an additional Operating Room in order to provide continued access, quality, and reasonable costs of health care for the citizens of Randolph County. Specifically, Randolph County needs another Operating Room for the following reasons:

- To continue to provide appropriate access to the medically underserved who require surgical services
- To insure quality
- To promote cost effectiveness
- To support recruitment and retention of surgeons
- To provide patient choice and efficiencies associated with ambulatory surgery

Randolph Hospital is currently the sole provider of surgical services in Randolph County. The current operating room inventory of 5 rooms (excluding one c-section room) is used to provide inpatient and outpatient surgery to the estimated 141,000 people who live in Randolph County. The table below illustrates the ratio of operating rooms to population experienced in similar sized communities. This table reveals that Randolph County Citizens have the lowest degree of access to Operating Rooms of the comparative counties. This disparity causes a hardship as surgical services are not available in a timely fashion or they must travel away from their home to receive procedures that could be offered locally if there was additional Operating Room Capacity.



**Population (per 1,000) compared to Operating Rooms**  
**Randolph County and Similar Sized Counties**  
**Source: Thomson, Market Planner Plus and 2008 Draft SMFP**

<b>Geography: County</b>	<b>2006 Population</b>	<b>ORs minus exclusions</b>	<b>2006 Population divided by number of ORs</b>	<b>Ratio of population (per 1,000) to each OR</b>
CATAWBA, NC	160,089	37	4,327	4.3
IREDELL, NC	139,389	30	4,646	4.6
CABARRUS, NC	161,681	24	6,737	6.7
WILSON, NC	77,432	14	5,531	5.5
WAYNE, NC	117,676	13	9,052	9.1
CLEVELAND, NC	98,178	12	8,182	8.2
ROWAN, NC	121,335	11	11,030	11.0
ROBESON, NC	137,118	10	13,712	13.7
DAVIDSON, NC	136,164	9	15,129	15.1
ONSLOW, NC	156,182	9	17,354	17.4
UNION, NC	164,126	8	20,516	20.5
JOHNSTON, NC	124,744	7	17,821	17.8
<b>RANDOLPH, NC</b>	<b>141,399</b>	<b>5</b>	<b>28,280</b>	<b>28.3</b>

In the 2007 SMFP, Randolph County showed a need for an Operating Room of .30, but based on the methodology, the need had to be greater than .50 to trigger an allocation. In order to accommodate this capacity in the existing OR's and to provide the best experience to surgical patients and the medical staff, Randolph Hospital filed a Letter of No Review with the Certificate of Need Section to outfit a procedure room with Flouroscopy equipment in order to move cystoscopy procedures out of an Operating Room. This freed up more space in the Operating Room Suite for those cases that required a sterile setting. However, this temporary solution had the unintended consequence of moving Randolph County further away from triggering the methodology for a much needed additional Operating Room in the county as evidenced by the table provided below.

In practice, the operating rooms at Randolph Hospital are staffed for 8 hours a day, 5 days a week, for 253 days per year. (This allows for seven recognized holidays when procedures are not scheduled.) This translates into "standard hours of Operating Room availability" for Randolph County surgeons and patients of 1,619 hours (253 days x 8 hours a day at 80% utilization) instead of the 1,872 hours (260 days x 9 hours a day at 80% utilization) used in the current operating room methodology. If the current Operating Room methodology were adjusted to reflect the actual staffed scheduled availability of the Randolph County ORs, a need determination would have occurred in Randolph County in the 2007 SMFP. Even with decreasing surgery volumes experienced in 2006, this adjustment to the methodology would also trigger a need in the draft 2008 plan.



**Current OR Methodology**  
**Standard Hours of Utilization vs. Actual OR Availability in Randolph County**  
**Source: 2007 SMFP and Draft 2008 SMFP**

Operating Room Service Areas	Projection of Surgical Operating Room Requirements										
	Estimated Total Surgery Hours							Application of Growth Factor			
	Surgical Cases reported as "Inpatient Cases" (w/o Exclusions)	Avg. Hours for Inpat. Cases	Esti- mated Hours for Inpat. Cases	Surgical Cases reported as "Ambulatory Cases"	Avg. Hours for Amb. Cases	Esti- mated Hours for Amb. Cases	Total Estimated Hours	Growth Factor (Population Change Rate)	Projected Surgical Hours Anticipated	Standard Hours per OR per Year	Projected Surgical Operating Rooms Required
Randolph County 2005 Volumes from 2007 SMFP	1,467	3.0	4,401	3,326	1.5	4,989	9,390	0.0563	9,918.66	1872	5.30
Randolph County 2006 Volumes from 2008 SMFP	1,249	3.0	3,747	3,208	1.5	4,812	8,559	0.0554	9,033.17	1872	4.83
If Actual Capacity (8 hours for 253 days) was used in 2005	1,467	3.0	4,401	3,326	1.5	4,989	9,390	0.0563	9,918.66	1619	6.13
If Actual Capacity (8 hours for 253 days) was used in 2006	1,249	3.0	3,747	3,208	1.5	4,812	8,559	0.0554	9,033.17	1619	5.58

Operating Room Service Areas	2004 Inventory of Surgical Operating Rooms in Licensed Facilities with Adjustments					Adjustment for CONs Issued, Settlement Agreements and Previous Need	Adjusted Planning Inventory (Surgical Operating Rooms)	Projected	
	Inventory of Existing Operating Room			Adjustment	Adjustment			Surgical	Projected
	Number of Inpatient Operating Rooms	Number of Ambulatory Operating Rooms	Number of Shared Operating Rooms	Exclusion of Dedicated C-Section Rooms	Exclusion of One OR for each Level I, II, & III Trauma Center & Burn Unit			Operating Room Deficit or Surplus (Surplus shows as a "+")	Need for New Surgical Operating Rooms
Randolph County 2005 Volumes from 2007 SMFP	1	0	5	-1	0	0	5.00	0.30	0
Randolph County 2006 Volumes from 2008 SMFP	1	0	5	-1	0	0	5.00	-0.17	0
Randolph County 2005 Volumes from 2007 SMFP	1	0	5	-1	0	0	5.00	1.13	1
Randolph County 2006 Volumes from 2008 SMFP	1	0	5	-1	0	0	5.00	0.58	1

As evidenced in Randolph County, a small surplus according to the Operating Room methodology still translates into significant concerns in terms of scheduling, the ability to recruit surgical specialists, preferred start times, delayed cases, patient convenience, room availability for emergency cases, as well as delays in start time that then require overnight observations (increased cost).

Quality is also of the utmost importance when providing surgical services, or in any aspect of health care. While Randolph Hospital and the surgeons who perform cases there do an excellent job, the opportunity to offer surgery in an ambulatory setting would eliminate otherwise healthy outpatients requiring surgery being exposed to the inpatient environment and vice versa. Being able to separate these services would allow for the streamlining of processes that would improve turn around time and operating efficiencies that would therefore improve the quality of the service provided to the citizens of Randolph County.

By moving some of the outpatient surgery to an ASC, this would free up block time in the O.R. schedule at the hospital. The result of this would be increased room availability for emergency cases and less delayed cases. As patient access is increased, both in-patient and out-patient volumes will increase. This would allow for more capital



expenditures on state-of-the-art technology and equipment, as well as facility improvements.

Ambulatory Surgery Centers can make available appropriate, less costly surgical services to patients and improves access to surgical services in the market. ASC's can enjoy cost advantages over hospitals. CMS has proposed a new Medicare payment system that will begin to take effect in 2008. On average, Ambulatory Surgery Centers will be paid 35% less for the same Medicare procedure than if it were to be done in the Hospital Outpatient Department. Because the revised payment system will have a major effect on some procedures, this change in rates would be phased in over 4 years.

These discounts translate into savings for Government providers along with commercial providers. This may result in savings not only for the payors, but also for the patients as should be reflected with lower premiums. Co-pays for the patients also are less costly since the net payment to the ASC is less.

To demonstrate some of the savings, below is a table that includes the top CPT codes for procedures done in the ambulatory surgery center setting. The "HOPD" column shows what this procedure costs the insurance provider in the hospital setting. The "New ASC PMT" columns are projections of what the new Medicare payment system will pay for the same procedure in the ASC.

**Cost Comparison of Cases**  
**Hospital Outpatient compared to Ambulatory Surgery Center**  
**Source: Nuetera Healthcare**

CPT	Description	HOPD	New ASC Pmt
66984	EXTRACAPSULAR CATARACT REMV W/INSRT IOL PROSTH	\$1,387.71	\$ 902.01
66821	DISCISSION SEC MEMB CATARACT; LASER SURGERY	\$ 299.07	\$ 194.40
45378	COLONOSCOPY FLEX-PROX SPLEN FLEX; DX-SEP PROC	\$ 509.34	\$ 331.07
43239	UGI ENDO; W/BX 1/MX	\$ 480.03	\$ 312.02
62311	INJ 1 NOT NEUROLYTIC W/WO CM-DX/TX-EPID;LUMB/SAC	\$ 357.90	\$ 232.64
45385	COLONOSCOPY FLEX; W/REMV TUMOR/LES BY SNARE	\$ 509.34	\$ 331.07
45380	COLONOSCPY FLXIBLE PROX SPLENIC FLXURE; W/BX 1/MX	\$ 509.34	\$ 331.07
45384	COLONOSCOPY FLEX; REMV TUMOR/LES HOT BX FORCEPS	\$ 509.34	\$ 331.07
43235	UGI ENDO; DX W/WO CLCT SPECMN-BRUSH/WASH-SP	\$ 480.03	\$ 312.02
52000	CYSTOURETHROSCOPY-SEP PROC	\$ 412.93	\$ 268.40
64476	INJ ANES/STEROID FACET JT/NRV; LUMB/SAC-EA ADD	\$ 321.42	\$ 208.92
64483	INJ ANES/STEROID EPIDURL; LUMB/SAC 1 LEVEL	\$ 357.90	\$ 232.64
64475	INJ ANES/STEROID FACET JT/NRV; LUMB/SAC-1LEVEL NEUROPLASTY &/OR TRANSP; MEDIAN @ CARPAL	\$ 357.90	\$ 232.64
64721	TUNNEL	\$1,030.75	\$ 669.99
43248	UGI ENDO; W/INSRT GUIDE WIRE-DILAT ESOPHAGUS	\$ 480.03	\$ 312.02
28285	CORRECTION HAMMERTOE	\$1,186.49	\$ 771.22
G0105	COLOREC CANCR SCR; COLONOSCPY INDIVIDUL@HIGH RISK	\$ 449.56	\$ 292.21
62310	INJ 1 NOT NEUROLYT-W/WO CM-DX/TX-EPID; CERV/THOR	\$ 357.90	\$ 232.64
55700	BX PROSTATE; NEEDLE/PUNCH SINGLE/MX ANY APPRCH	\$ 264.42	\$ 171.87



A need determination for an additional Operating Room for Randolph County will support the State Medical Facilities Plan objectives of Access to Care for the underserved, Improved Quality, and Cost-effective care.

**Adverse Effects on the Population If the Adjustment is Not Made**

The ability to recruit and retain physicians is paramount to the health and wellness of the people of Randolph County. Currently, there are vacancies in 3 surgical specialties which translates into a need for 4 surgeons. The physician recruitment office at Randolph Hospital fields questions from many prospective surgeons, and has encountered instances where several potential surgical candidates would not come and visit after hearing that there was not an Ambulatory Surgery Center in Randolph County. Also, one orthopedic surgery candidate decided not to come due to the unavailability of block time in the operating rooms. Dr. Lance Sisco, an Orthopedic Surgeon who practices in Asheboro and fellow petitioner, shared his thoughts about the effect of the lack of Operating Room capacity on recruitment and retention in a letter to the hospital recently. Dr. Sisco wrote:

***"I am an orthopedic surgeon who has been in practice for 15 years. I have been on active staff at Randolph Hospital for the last 4 years. This community is in dire need of an Ambulatory Surgery Center, for many reasons. Briefly, an ASC would improve patient access to care, reduce costs, and improve quality of care. An additional O.R. in Randolph County would allow this to happen as a joint-venture between the physicians and the hospital.***

***Having an ASC here would greatly enhance our ability to recruit more orthopedic surgeons and other specialists to our community. Over the last 4 years, the hospital has been unsuccessful in recruiting an additional orthopedic surgeon. There are 4 orthopedic surgeons here, including myself. Two are in their 60's and very near retirement. My partner is 57, and wants to retire in 3 years. Soon, I may be the only orthopedic surgeon in Asheboro. This would very negatively impact patient access to orthopedic care. Emergency room orthopedic coverage would not be 24/7. We need at least 4 orthopedic surgeons here. We have interviewed several orthopedic surgeons over the last 4 years. All were very concerned over the lack of an ASC, and this played a major role in their decision not to come here.***

***An ASC delivers care much more efficiently, and this reduces costs. Health Insurance companies know this and steer their patients to ASC's in their preferred provider network, which are in Guilford County, some 25 miles away. This is an inconvenience to the patients in Randolph County. This out-migration of outpatient surgery patients greatly reduces our volume of surgery. This is the main reason our current O.R. volumes are artificially low. The longer this referral pattern continues the more market share we will lose. It could come to the point where it is not economically feasible for surgeons, such as myself, to practice in Asheboro. Ninety percent of the surgery I do is out-patient..."***



In addition, Dr. Richard Evans, a general surgeon practicing in Asheboro and joint petitioner, writes:

***“Randolph County is in dire need of Outpatient operating rooms or an Ambulatory Surgical Center. The Hospital currently doesn't have adequate capacity for the cases generated by the surgeons such that block time has been taken away from various surgeons just this past year. The operating room committee has labored extensively trying to maximize the number of cases done and improve utilization by employing evidence-based scheduling. This still has required the committee to deny surgeons operating room access. In addition there is no capacity for new surgeons to put their cases, resulting in difficulty attracting surgeons to the community. Much of the customer base in Randolph County bypasses the services of the hospital and goes outside of the county for their outpatient care since they can get more efficient care at Ambulatory care centers. Some of this is price driven as well as the fact that the hospital can't compete with these centers because of the efficiency. Thus Health plans and savvy consumers are directing the care elsewhere. Because of this disconnect the community suffers when the surgeons and specialists aren't able to generate adequate cases to support their practices resulting in specialists retiring and moving or failing to come and start practices.***

***By allocating additional operating rooms to the county, the care that citizens of Randolph County receive would be enhanced and the health care dollars can be efficiently utilized. Thus all aspects of the health care system can benefit.”***

Historically, Randolph Hospital has shown a positive correlation between physician recruitment and retention and surgical volume. This suggests that given access, patients want to stay home for their care. In order for Randolph Hospital and the surgeons who practice there to meet patient demand, patients need to be provided with the option of receiving care in an ambulatory surgery setting. Operating Rooms need to be readily available for urgent and emergent cases in the inpatient setting without compromising a patient's ability to receive non-emergent and elective procedures in an Ambulatory environment. The following table illustrates the ratio of population (per 1,000) to Operating Rooms for the counties contiguous to Randolph. This table illustrates that the citizens of Randolph County are at a disadvantage in the availability of operating rooms and that this requires them to seek care outside of the Operating Room Service Area. In fact, Chatham County's Critical Access Hospital has more OR capacity per population than Randolph County.



**Population (per 1,000) compared to Operating Rooms**  
**Randolph County and Contiguous Counties**  
**Source: Thomson Market Planner Plus and 2008 Draft SMFP**

<b>Geography: County</b>	<b>2006 Population</b>	<b>ORs minus exclusions</b>	<b>2006 Population divided by number of ORs</b>	<b>Ratio of population (per 1,000) to each OR</b>
Moore/ Hoke	111,848	27	4,143	4.1
Guilford	445,330	94	4,738	4.7
Montgomery	25,369	2	12,685	12.7
Alamance/Caswell	163,980	12	13,665	13.7
Davidson	136,164	9	15,129	15.1
Chatham	47,049	2	23,525	23.5
<b>Randolph</b>	<b>141,399</b>	<b>5</b>	<b>28,280</b>	<b>28.3</b>

While it might be argued that these counties have surpluses in Operating Room capacity, it cannot be argued that these surpluses translate into readily available operating room space. Rather, some degree of alternative facility site is necessary for the community to provide patients with adequate choice in where care is delivered as well as providing surgeons with appropriate facilities and available times that are conducive to the busy lives of their patients. In an ambulatory surgery center, it is necessary to adjust the scheduling so that there is ample time for patient recovery prior to the close of business. The current methodology does not take into account that in order to recognize the cost savings associated with outpatient surgery (reduced overnight stays), surgeries must be performed in the morning hours or preceding a weekend to allow for appropriate recovery for patients before being discharged home.

Dr. Charles West, an ENT surgeon who has practiced in Asheboro for 15 years and fellow petitioner, recently shared his experience with hospital staff. Dr. West explained that his patients often request to have procedures on Friday in order to recuperate over the weekend to avoid missing work. Because Dr. West only has surgical block time on Tuesdays, he is unable to accommodate this request. Therefore, the patient must decide whether to forego the procedure, miss extra days of work to accommodate Dr. West's schedule, or seek the service outside of Randolph County at a facility that may be able to offer more flexibility in scheduling the procedure. The capacity that an additional Operating Room would bring to Randolph County translates into 300 additional surgeries a year that could be done on a Friday to allow the citizens of Randolph County more choice and convenience in how and where their care is delivered.

The following information was taken from licensure renewal applications. This table illustrates that Randolph County citizens have operating room procedures largely in surrounding counties. In fact, the table below reveals that just in the contiguous counties, (which does not include OR procedures done at North Carolina Baptist, Duke, or UNC) Randolph County citizens could support 6 additional Operating Rooms using the current methodology.



**Surgical Cases with Patient Origin of Randolph County**  
**Source: 2006 and 2007 License Renewal Applications**

		<b>2005 cases on Randolph County Pts.</b>	<b>2006 cases on Randolph County Pts.</b>
HealthSouth Surgical Center - GSO		220	157
Health South Southern Pines		574	507
High Point Surgical Center		789	752
Moses Cone Surgery Center		592	503
Surgical Eye Center - GSO		432	433
Wesley Long Surgical Center		179	199
Chatham Hospital	Inpt	9	15
	Outpt.	17	13
Alamance Regional	Inpt	6	8
	Outpt.	53	46
Thomasville Medical Center	Inpt	66	56
	Outpt.	249	246
Moses Cone Health System	Inpt	1354	1138
	Outpt.	670	984
High Point Regional	Inpt	483	481
	Outpt.	471	425
First Health Montgomery	Inpt	7	17
	Outpt.	64	56
First Health Moore Regional	Inpt	65	74
	Outpt.	93	55
<b>Sum of Surgical Cases</b>		<b>6393</b>	<b>6165</b>
Sum of OP cases		4403	4376
Weight for OP cases		1.5	1.5
Hours devoted to OP cases		6605	6564
Sum of Inpatient Cases		1990	1789
Weight for Inpatient Cases		3	3
Hours devoted to IP cases		5970	5367
OR hours needed to Accommodate Randolph County Patients treated outside of Randolph County		12575	11931
Standard Hours of Operation per OR		1872	1872
<b>ORs being utilized in contiguous counties on Randolph County citizens</b>		<b>6.7</b>	<b>6.4</b>



Randolph Hospital and the surgeons that operate in the operating rooms in Randolph County do not have the opportunity to grow their practices due to the constraints of only having access to the existing 5 operating rooms in Randolph County. In addition, the difficulty in recruiting and retaining physicians stands to have detrimental effects to the health care of citizens of Randolph County because adequate surgeons are needed to provide emergency backup to the emergency department at Randolph Hospital.

### **No Feasible Alternatives**

Because the service area for operating rooms is defined by county, and the only operating rooms in the county are highly utilized, petitioning the state is the only alternative to add an OR to the 2008 SMFP for Randolph County. The addition of an OR allocation to Randolph County will enable applicants to further develop and expand access to surgical services that will benefit the service area.

### **The Requested Adjustment Will Not Unnecessarily Duplicate Health Services**

Since no other entity provides surgical services in Randolph County, there is not a risk for duplicating health services. An additional Operating Room allocation for the county will simply allow for operating efficiencies which will improve quality, improve access, and improve cost savings to the community.

The allocation of this operating room will also allow for the collaboration of the hospital and numerous physicians in order to best address the changing health care needs of the population of Randolph County by creating an environment where multi-specialty Ambulatory Surgery can be offered to the citizens of Randolph County.

### **Conclusion**

Based on the aforementioned reasons, we strongly encourage the SHCC to carefully consider the petition presented by Randolph Hospital, et al. and determine there is a need for one operating room in Randolph County.

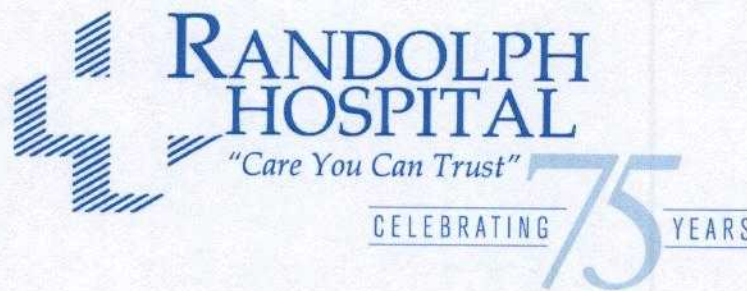
Respectfully submitted this 1<sup>st</sup> day of August 2007.

By: Randolph Hospital, et al.  
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AUG 01 2007

Medical Facilities  
Planning Section



Good afternoon. My name is Robert Morrison and I am the president of Randolph Hospital. I am here today to speak on behalf of a petition that is jointly being filed between Randolph Hospital and 10 surgeons who practice in Randolph County. This petition asks the State Health Coordinating Council (SHCC) to adjust the 2008 State Medical Facilities Plan to allow for a special needs adjustment for one Operating Room in Randolph County. For the sake of time, I won't read the petition to you, but rather provide an overview of why Randolph Hospital and the co-petitioners believe that this is imperative to the citizens of Randolph County. I hope that you will spend some time reviewing the tables and charts contained in the petition that explain why the current methodology is not meeting the health care needs of the citizens in Randolph County.

Specifically, Randolph County needs another Operating Room for the following reasons:

- To continue to provide appropriate access to the medically underserved who require surgical services
- To insure quality
- To promote cost effectiveness
- To support recruitment and retention of surgeons
- To provide patient choice and efficiencies associated with Ambulatory Surgery

Randolph Hospital is currently the sole provider of surgical services in Randolph County. The current Operating room inventory of 5 rooms (excluding one c-section room) is used to provide inpatient and outpatient surgery to the estimated 141,000 people who live in Randolph County. The petition illustrates the ratio of population to operating rooms



experienced in similar sized communities. This table reveals that Randolph County Citizens have the lowest degree of access to Operating Rooms of the comparative counties. Randolph County citizens have access to one OR per 28,300 citizens while similarly populated counties have ratios of one OR per 4,600 citizens to one OR per 15,000 citizens. This disparity causes a hardship as surgical services are not available in a timely fashion or patients must travel away from their home to receive procedures that could be offered locally if there was additional Operating Room capacity.

In the 2007 SMFP, Randolph County showed a need for an Operating Room of .30, but based on the methodology, the need had to be greater than .50 to trigger an OR allocation. In order to accommodate this capacity in the existing OR's and to provide the best experience to surgical patients and the medical staff, Randolph Hospital filed a Letter of No Review with the Certificate of Need Section to outfit a procedure room with flourosocopy equipment in order to move cystoscopy procedures out of an Operating Room. This freed up more space in the Operating Room Suite for those cases that required a sterile setting. However, this temporary solution had the unintended consequence of moving Randolph County further away from triggering the methodology for a much needed additional Operating Room in the county.

The ability to recruit and retain physicians is paramount to the health and wellness of the people of Randolph County. The physician recruitment office at Randolph Hospital fields questions from many prospective surgeons, and has encountered instances where several potential surgical candidates would not come and visit after hearing that there was not an Ambulatory Surgery Center in Randolph County. Also, one orthopedic surgery candidate decided not to come due to the unavailability of preferred block time in the operating rooms. Dr. Lance Sisco, an Orthopedic Surgeon who practices in Asheboro and fellow petitioner, shared his thoughts about the effect of the lack of Operating Room capacity on recruitment and retention in a letter to the hospital recently. Dr. Sisco wrote:

***“Over the last 4 years, the hospital has been unsuccessful in recruiting an additional orthopedic surgeon. There are 4 orthopedic surgeons here, including myself. Two are in their 60’s and very near retirement. My partner is 57, and wants to retire in 3 years.*”**



*Soon, I may be the only orthopedic surgeon in Asheboro. This would very negatively impact patient access to orthopedic care. Emergency room orthopedic coverage would not be 24/7. We need at least 4 orthopedic surgeons here. We have interviewed several orthopedic surgeons over the last 4 years. All were very concerned over the lack of an ASC, and this played a major role in their decision not to come here. It could come to the point where it is not economically feasible for surgeons, such as myself, to practice in Asheboro."*

Historically, Randolph Hospital has shown a positive correlation between physician recruitment and retention and surgical volume. This suggests that given access, patients want to stay close to home for their care. Again, the ratio of population to OR's for the counties contiguous to Randolph is noteworthy. A table in the petition illustrates that the citizens of Randolph County are at a disadvantage in the availability of operating rooms and that this requires them to seek care outside of the Operating Room Service Area. While it might be argued that these surrounding counties have surpluses in Operating Room capacity, it cannot be argued that these surpluses translate into readily available operating room space. In addition, the petition looks at the volume of surgical cases that are done on Randolph County citizens in the contiguous counties. This revealed that Randolph County citizen's operating room utilization supports as many as 6 ORs outside of our county. We want to be able to provide this care close to home and to provide our community with a choice in where they receive their surgical care.

Dr. Charles West, an ENT surgeon who has practiced in Asheboro for 15 years and fellow petitioner, recently shared his experience with hospital staff. Dr. West explained that his patients often request to have procedures on Friday in order to recuperate over the weekend to avoid missing work. Because Dr. West only has surgical block time on Tuesdays, he is unable to accommodate this request. Therefore, the patient must decide whether to forego the procedure, miss extra days of work to accommodate Dr. West's schedule, or seek the service outside of Randolph County at a facility that may be able to offer more flexibility in scheduling the procedure.



In addition, the difficulty in recruiting and retaining physicians stands to have detrimental effects on the health care of citizens of Randolph County because adequate surgeons are needed to provide emergency backup to the emergency department at Randolph Hospital.

Based on the aforementioned reasons, we strongly encourage the SHCC to carefully consider the petition presented by Randolph Hospital and its surgeons and determine there is a need for one operating room in Randolph County. This will allow the hospital and its surgeons to work together to address these issues of capacity and allow the citizens of Randolph County improved access, continued quality, and cost-effective health care.

Thank you for your time and careful consideration.